



**CITY OF AVALON
FINANCE DEPARTMENT
P.O.BOX 707
AVALON, CA 90704**

*INSERT
TENANT NAME & PROPERTY ADDRESS*

CHECK REPORTING MONTH

JANUARY 2018	APRIL 2018	JULY 2018	OCTOBER 2018
FEBRUARY 2018	MAY 2018	AUGUST 2018	NOVEMBER 2018
MARCH 2018	JUNE 2018	SEPTEMBER 2018	DECEMBER 2018

1. PERCENTAGE OF TOTAL SALES BASIS:

Gross Receipts: \$ _____ X _____ % = \$ _____
(Enter Percentage)

2. CALCULATION ON SQUARE FOOTAGE:

	Square Feet per <u>Lease Agreement</u>	X	Rental Rate per <u>Square Foot</u>	=	\$
a.) Interior	_____	X	\$ _____	=	\$ _____
b.) Exterior	_____	X	\$ _____	=	\$ _____
c.) Other	_____	X	\$ _____	=	\$ _____

3. RENT DUE (insert Greater Amount from Line 1 or Line 2 a & b total): \$ _____

4. PENALTY FOR LATE PAYMENT (if applicable):

PENALTY - 10% (Line 3 x 10%) \$ _____
INTEREST - 1/2 OF 1% (Line 3 X .005%) \$ _____

LATE PAYMENT: If payment is not received at City Hall by the last day of the following month, add a 10% penalty, plus interest at the rate of 1/2 of 1% (.005%) per month or portion thereof, from the date the rent became due.

5. TOTAL AMOUNT DUE AND PAYABLE (Line 3 + Line 4): \$ _____

*******Make Check Payable to City of Avalon*******

****All calculations must be calculated to the penny, not rounded to the nearest dollar****

I declare under penalty of perjury that I am authorized to make this statement, and that to the best of my knowledge and belief it is a true, correct and complete statement made in good faith for the period stated, and in compliance with my lease agreement with the City of Avalon.

Signature of Tenant or Agent: _____

Date Report/Payment Submitted: _____

Please provide email address for future correspondence: _____